

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-014547

STATE FILE NUMBER

FILED MAY 11 1959

Registration District No. 306 Primary Registration District No. 6048 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <b>St Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St Charles</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>O'fallon</b>		c. CITY OR TOWN <b>O'Fallon</b> 0920	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Rural Rt</b>		d. STREET ADDRESS (If outside, give location) <b>209 Elm St</b>	
3. NAME OF DECEASED (Type or print) First <b>Oscar</b> Middle <b>Henry</b> Last <b>Krallmann</b>		4. DATE OF DEATH Month <b>May</b> Day <b>7</b> Year <b>1959</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 30 1889</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Construction</b>	9. AGE (In years) Birth day <b>69</b> Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>
11. BIRTHPLACE (City and state or country) <b>St Louis Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Fred J. Krallmann</b>		13b. MOTHER'S MAIDEN NAME <b>Adeline Wuesteney</b>	
14. NAME OF HUSBAND OR WIFE <b>None</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>Yes W.W. I</b>	
16. SOCIAL SECURITY NO. <b>490-20-5520</b>		17. INFORMANT Address <b>Mrs Roney White St Louis Mo,</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Arteriosclerotic Heart Disease</b> DUE TO (c) <b>42ac</b>			INTERVAL BETWEEN ONSET AND DEATH <b>18 min.</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>9:48</b> a.m. <b>1</b> Month, Day, Year <b>5-7-59</b>		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY <b>St Louis Co.</b> STATE <b>Mo.</b>	
21. I attended the deceased from <b>5-7-59</b> to <b>5-7-59</b> and last saw her alive on <b>5-7-59</b> Death occurred at <b>9:48</b> A.M. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>Gene J. Dumontier M.D.</b>	
22b. ADDRESS <b>O'Fallon, Mo</b>		22c. DATE SIGNED <b>5-8-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>5/9/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>St Louis Co. Mo.</b>
24. FUNERAL DIRECTOR <b>Keithly Funeral Home</b>		25. DATE RECD. BY LOCAL REG. <b>5/8/59</b>	26. REGISTRAR'S SIGNATURE <b>E. A. Keithly</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

ANY OTHERS IN PART 7 MUST BE CAUSALLY RELATED.

MAY 12 1959

MAY 18 1959

VS  
JUN 3  
1960

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Arthur C. Bane

Licensed Embalmer No. 2155

P. O. Address St. Charles

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.